



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
 11/12/2024 11:30 AM

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 087965	NAME OF AGENCY Cass County Sheriff's Office	DATE OF INSPECTION 11/12/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 2501 W. Mechanic St, Harrisonville		TIME OF INSPECTION 0830

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG305102</u> EXP. DATE <u>02/20/2024</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN _____ SIM. NIST EXP DATE _____

- CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**  
 Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
  - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ← .100	TEST 2 ← .101	TEST 3 ← .100
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- RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

*Reset time for daylight savings after maintenance*

<b>INSPECTING OFFICER</b>	
SIGNATURE #563	PRINT NAME Det. James N. Rew #563
TYPE II PERMIT NUMBER/EXPIRATION DATE 240205 09/06/2024	TELEPHONE NUMBER (816) 380-5200

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00834

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
11/12/24 09:36 .000  
Calibration Check:  
20 11/12/24 09:36 .100

Subject Name

*Test 1*  
Subject I.D.

Operator Name, I.D.

*Rev 240205 9/6/26*

Location

*2501 W. Melvain*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00835

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
11/12/24 09:38 .000  
Calibration Check:  
20 11/12/24 09:38 .101

Subject Name

*Test 2*  
Subject I.D.

Operator Name, I.D.

*Rev 240205 9/6/26*

Location

*2501 W. Melvain*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00836

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
11/12/24 09:41 .000  
Calibration Check:  
21 11/12/24 09:41 .100

Subject Name

*Test*  
Subject I.D.

Operator Name, I.D.

*Rev 240205 9/6/26*

Location

*2501 W. Melvain*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00837

Temp Date Time 210L<sup>g/</sup>

VOID: RFI  
12 11/12/24 09:46

Subject Name

*RFI*  
Subject I.D.

Operator Name, I.D.

*Rev 240205 9/6/26*

Location

*2501 W. Melvain*

AS IV Serial no: 087965  
Version no: 532B

TEST RECORD 00838

Temp Date Time 210L<sup>g/</sup>

Air Blank:  
11/12/24 09:48 .000  
Subject Test: Auto  
22 11/12/24 09:48 .000

Subject Name

*Test Blank*  
Subject I.D.

Operator Name, I.D.

*Rev 240205 9/6/26*

Location

*2501 W. Melvain*





STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**

**JAMES N. REW**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/6/2024

NUMBER 240205

EXPIRES 9/6/2026

*Adam Hall*

DIRECTOR STATE PUBLIC HEALTH LABORATORY

*David J. Richardson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES